10/21/2008 09:52

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An	Authorized Committe	e	Office Use Only
1. NAME OF COMMITTEE (in full)	USE FEC MAILING LAE OR TYPE OR PRINT	BEL Example:If typing, to over the lines	type	
Ohio State Medical Assoc	ciation Political Action Commit	ttee		
ADDRESS (number and street)	3401 Mill Run Dr			
Check if different than previously reported. (ACC)	Hilliard		OH	43026
2. FEC IDENTIFICATION N	IUMBER ₩	CITY 🛋	STATE	ZIPCODE 🛕
C00003327		3. IS THIS X NE REPORT (N		MENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Quarterly Report January 31 Quarterly Report April 15 Quarterly Report January 31 Quarterly Report April 15 Quarterly Report January 31 Quarterly Report April 15 Quarterly Report July 31 Mid-Yea Report(Non-elect Year Only) (MY Termination Report (TER)	tt(Q2) (c) 12-Day PRE-Electic Report for the rt(Q3) rt(YE) ar ction (d) 30-Day Post -Elect Report for the rt(Q3)	Mar 20 (M3) Apr 20 (M4) Primary (12P) On he: Convention (12) Election on 1 1 General (30G)	x General (** 20 (M6) Sep X General (** 20 (M7) Special (1*)	in the OH State of
5. Covering Period	10 01 200	8 through	10 15	2008
- Signature of Fredorich	Timothy I. Maglione	I. Maglione	Date 10	21 2008
NOTE : Submission of false, e	erroneous, or incomplete infor	mation may subject the persor	signing this Report to the	penalties of 2 U.S.C 437g. FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Ohio State Medical Association Political Action Committee D [®] D ^b D 1.0 0 1 2008 1.0 15 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 217407.94 January 1 (b) Cash on Hand at 63541.26 Begining of Reporting Period 7020.00 121580.19 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 70561.26 338988.13 6(a) and 6(c) for Column B) 18510.00 286936.87 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 52051.26 52051.26 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

ontributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	5650.00 1370.00 7020.00	61346.13 54517.45
Than Political Committees (i) Itemized (use Schedule A)	1370.00	
(ii) Unitemized	1370.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)		54517.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7020.00	
		115863.58
	7020.00	113003.30
Political Party Committees	0.00	0.00
Other Political Committees	0.00	0.00
(such as PACs)		
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7020.00	115863.58
Totals to Line 33, page 5)		
ransfers From Affiliated/Other	0.00	0.00
arty Committees		
Loans Received	0.00	0.00
pan Repayments Received	0.00	0.00
ffsets To Operating Expenditures		
Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
efunds of Contributions Made		
Federal candidates and Other olitical Committees	0.00	0.00
ther Federal Receipts		
Dividends, Interest, etc.)	0.00	5716.61
ransfers from Non-Federal and Levin Funds		
a) Non-Federal Account	0.00	0.00
(from Schedule H3)		
o) Levin Funds (from Schedule H5)	0.00	0.00
c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
יין ויסומו וומווסופו (מעע ויס(מ) מווע ויס(ט)).		
otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	7020.00	121580.19

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

Committees.....

Federal Candidates/Committees.....and Other Political Committees.....

26. Loan Repayments Made.....

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6)

(i) Federal Share

(ii) "Levin" Share (b) Federal Election Activity Paid Entirely

With Federal Funds (c) Total Federal Election Activity (add

31. Total Disbursements (add Lines 21(c), 22,

32. Total Federal Disbursements

from Line 31).....

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

Lines 30(a)(i), 30(a)(ii) and 30(b))....

Than Political Committees

(such as PACs)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 0.00 600.65 0.00 600.65 (add 21(a)(i), (a)(ii) and (b))............ 2510.00 29680.00 0.00 727.42 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (add Lines 28(a), (b), and (c)) 16000.00 255928.80 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 18510.00 286936.87

18510.00

286936.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures				
33.	Total Contributions (other than loans) from Line 11(d), page 3)	7020.00	115863.58		
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	7020.00	115863.58		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	600.65		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	600.65		

FE6AN026

Springboro FEC ID number of contributing federal political committee. Name of Employer Oak Creek OB/GYN Inc		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16					
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
Dr. Robert Alan Little			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Springboro	State OH	Zip Code 45066-9454	Transaction ID: T27036 Amount of Each Receipt this Period					
federal political committee.	C	n	A Contribution to the Federal PAC					
Receipt For: 2008 Primary X General	Doctor	e Year-to-Date ▼ 250.00	eidi FAC					
Dr. James Gordon Ravin			Date of Receipt 10 01 2008					
City	State	Zip Code	Transaction ID: T27027					
Toledo FEC ID number of contributing federal political committee.	ОН	43623-2627	Amount of Each Receipt this Period 250.00					
Name of Employer TLC Eye Care And Laser Center Receipt For: 2008	Occupatio Doctor	n e Year-to-Date ▼	A Contribution to the Federal PAC					
Primary X General Other (specify) ▼		450.00						
Full Name (Last, First, Middle Initial) Dr. John Mark Shie Mailing Address 5516 Brampton Rd	•		Date of Receipt					
<u> </u>			10 01 2008					
City <u>Dayton</u>	State OH	Zip Code 45429-6002	Transaction ID: T27037 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		100.00					
Name of Employer Far Hills OB/GYN Inc	Occupatio Doctor	_	A Contribution to the Federal PAC					
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00						
SUBTOTAL of Receipts This Page (optional)			600.00					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/22 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Po	litical Action Co	ommittee	
Full Name (Last, First, Middle Initial) Dr. Kuddy Thamby Sinnathamby			Date of Receipt
Mailing Address 1332 Neva Dr			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dayton	State OH	Zip Code 45414-5425	Transaction ID: T27097 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kuddythamby Sinnathamby MD Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kevin Gerard Wietecha Mailing Address 4943 Blakemore Tr	l NW		Date of Receipt
City	State	Zip Code	10 03 2008 Transaction ID: T27104
Canton	OH	44718-1640	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Northeast Ohio Endocrinol- ogy	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. David Miles Novick			Date of Receipt
Mailing Address 28 Thruston Blvd W	V		10 03 YYYYY 10 03 2008
City Dayton	State OH	Zip Code 45419-3330	Transaction ID: T27101 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10110 0000	100.00
Name of Employer Digestive Specialists Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)		600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 22 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
Ohio State Medical Association Politic Full Name (Last, First, Middle Initial) Dr. Thomas George Padanilam Mailing Address 528 Forest Lake Dr City Holland FEC ID number of contributing	State OH	Zip Code 43528-9028	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼ Name of Employer Toledo Orthopaedic Surgeons Receipt For: 2008 X General Other (specify) ▼	Occupation Doctor Aggregate Ye	ear-to-Date ▼ 250.00	A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. David Edward Subler Mailing Address 6580 Plesenton Dr			Date of Receipt 1 0 0 6 2 0 0 8
City	State	Zip Code	Transaction ID: T27204
Worthington	ОН	43085-2931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		A Contribution to the Fed-
Name of Employer Licking Memorial Hospital	Doctor		eral PAC
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lee David Shaftel			Date of Receipt
Mailing Address 9232 Village Green Di	r		10 09 YYYY 2008
City	State	Zip Code	Transaction ID: T27229
Cincinnati	OH	45242-7539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Freiberg Orthopaedics & Sports Medicin Receipt For: 2008	Occupation Doctor Aggregate Ye	ar-to-Date ▼	A Contribution to the Federal PAC
Primary X General Other (specify) ▼	33.23.6.10	250.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (check only one) X
or f	y information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Walter Anthony Reiling, Jr.			Date of Receipt
	Mailing Address 1431 Ridgefield Way			10 09 7 2008
	City	State	Zip Code	Transaction ID: T27235
	Centerville	OH	45459-4939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Gem City Surgical Associa- tes Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: 2008	Aggregate	e Year-to-Date V	
	Primary X General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Paul Michael Richards			Date of Receipt
Ì	Mailing Address 2771 Chalford Cir NV	V		10 09 2008
	City	State	Zip Code	Transaction ID: T27236
	North Canton	OH	44720-8223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Stark County Anesthesia Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas Dean Robinson			Date of Receipt
Ī	Mailing Address 2323 Carrington St N	W		10 09 2008
	City	State	Zip Code	Transaction ID: T27233
	North Canton	OH	44720-8183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
Ī	Name of Employer Atrium OB/GYN Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: 2008	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼		650.00	
				850.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee	son for the purpose of soliciting contributions
Ohio State Medical Association Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Dr. Andrew M Roth Mailing Address 3544 Fawnrun Dr		Date of Receipt
City	State Zip Code	1 0 0 9 2 0 0 8 Transaction ID: T27228
<u>Cincinnati</u>	OH 45241-3832	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Freiberg Orthopaedics & Sports Medicin	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas Paul Mastros		Date of Receipt
Mailing Address 4151 County Rd 26		10 09 2008
City	State Zip Code	Transaction ID: T27244
Steubenville	OH 43953-7104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Nicholas Mastros MD Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2008	Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Dr. Marianne Smith McGrath		Date of Receipt
Mailing Address 3137 Brookwood Dr		10 09 7 7 7 7 7
City	State Zip Code	Transaction ID: T27226
Edgewood	KY 41017-3203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 A Contribution to the Fed-
Name of Employer McGrath Adolescent & Fami- ly Center	Occupation Doctor	eral PAC
Receipt For: 2008 Primary X General	Aggregate Year-to-Date ▼	_
Other (specify)	450.00	
SUBTOTAL of Receipts This Page (optional) .	1	750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 22 (check only one) X
\ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	Ohio State Medical Association Politic	eal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. John Paul Anders			Date of Receipt
	Mailing Address 4370 Bonnie Brook Ro			10 09 2008
	City Toledo	State OH	Zip Code 43615-2302	Transaction ID: T27234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10010 2002	350.00
	Name of Employer Anders Dermatology Inc	Occupatio	n	A Contribution to the Federal PAC
	Receipt For: 2008 Primary X General Other (specify) ▼		e Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Dr. Bruce C Corser			Date of Receipt
	Mailing Address 1010 E Rookwood Dr			10 09 YYYYY 10008
	City	State	Zip Code	Transaction ID: T27225
	Cincinnati	OH	45208-3332	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Neurological And Sleep Di- sorders	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: 2008	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Katherine K Flouras			Date of Receipt
	Mailing Address 1285 Spring Ridge Cir			10 09 2008
	City	State	Zip Code	Transaction ID: T27242
	Alliance FEC ID number of contributing	OH	44601-5762	Amount of Each Receipt this Period 250.00
	federal political committee.	C		
	Name of Employer Anesthesia Associates Of Alliance LLC	Occupation Doctor	_	A Contribution to the Federal PAC
	Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional) .	1		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 22 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
, <u>, </u>	Full Name (Last, First, Middle Initial) Dr. Patrick Gerard Kirk			Date of Receipt
	Mailing Address 8405 Eustis Farm Ln			10 09 2008
	City	State	Zip Code	Transaction ID: T27227
	Cincinnati	OH	45243-4213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cincinnati Bone & Joint Institute	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: 2008		e Year-to-Date ▼	
	Primary X General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Roger Matthew Schantz			Date of Receipt
	Mailing Address 1096 Red Bird Rd			M M / D D / Y Y Y Y Y 1 1 1 2 0 0 8
	City	State	Zip Code	Transaction ID: T27299
	Loveland	OH	45140-7163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Anesthesia Group Practice Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert L Barker			Date of Receipt
	Mailing Address 4460 Royal Ridge Wa	ay		10 15 2008
	City	State	Zip Code	Transaction ID: T27318
	Dayton	OH	45429-1355	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer South Dayton Acute Care Consultants In	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼	0 0	500.00	
Г				1000.00

A.

FOR LINE NUMBER: PAGE 13/22 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Ohio State Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Kristin Colwell Date of Receipt Mailing Address 5424 Egypt Pike 10 15 2008 City State Zip Code Transaction ID: T27358 Chillicothe OH 45601 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. A Contribution to the Federal PAC Name of Employer Chillicothe OB/GYN Occupation Doctor Receipt For: 2008 Aggregate Year-to-Date Primary X General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	5650.00

SCHEDULE B (FEC FOIIII 3X)		arate schedule(s)			R LINE	NUMBE	:K:		L F	PAGE	14 / 2	22
TEMIZED DISBURSEMENTS	Detailed S	category of the Summary Page			21b 27	X 22 28a		23 28b	24 280		25 29	
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)												
Ohio State Medical Association Political	Action Com	mittee										
Full Name (Last, First, Middle Initial) AMPAC						Date		burse				Υ
Mailing Address 25 Massachusetts Ave	NW Ste 600	0				1 0		Ō	^D /	. 2	0 ŏ 8	
City Washington	State DC	Zip Code 20001-7400				Amou	int of I	Each	Disburs		-	
Purpose of Disbursement AMPAC certification Candidate Name				008						5	10.00)
				tego Type	ry/							
Senate President	rsement For: Primary Other (spe	2008 X General ecify) ▼										
State: District:												
Full Name (Last, First, Middle Initial) AMPAC						Date	of Dis	burse				
Mailing Address 25 Massachusetts Ave	NW Ste 600	W Ste 600				1 ^M 0	M /	^D 1	0 /	ž	0 ŏ 8	Y
City Washington	State DC	Zip Code 20001-7400				Amou	int of I	Each	Disburs	sement	t this P	eric
Purpose of Disbursement AMPAC certification		008				L.		•		12	00.00)
Candidate Name				tego ype	ry/							
Senate President	rsement For: Primary Other (spe	2008 X General ecify) ▼										
State: District: Full Name (Last, First, Middle Initial)												
AMPAC						Date	Saction of Dis	burse				V
Mailing Address 25 Massachusetts Ave	NW Ste 600	0				1 0		1	5 /	2	0 ŏ 8	
City Washington	State DC	Zip Code 20001-7400				Amou	int of I	Each	Disburs			_
Purpose of Disbursement AMPAC certification				308		L.				8	00.00)
Candidate Name				tego ype	ry/							
Office Sought: House Disbu Senate President	rsement For: Primary Other (spe	2008 X General ecify) ▼										
State: District:												
SUBTOTAL of Disbursements This Page (optional	d)				•					25	10.00	
	,									25 ⁻	-	

		Use separate schedule(s))	_	R LINE eck only	-				. ,	: 15/	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b [27	22 28a		23 28b	24	3c		
or fo	Information copied from such Reports and State or commercial purposes, other than using the nar											S
`	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political A	ction Committee										
	Full Name (Last, First, Middle Initial) Boose For State Representative					Date	of Dis	burse		_		
Ī	Mailing Address 5054 State Rte 601					1 0	M /	^D 0	3 /	Y	ž 0 ŏ	8 ^Y
	City Norwalk	State Zip Code OH 44857-9132				Amou	unt of	Each	Disbu		nt this	
_	Purpose of Disbursement		_	001				•	•	•	500.0	U
_	Candidate Name Office Sought: House Disburs	ement For: 2008	ı	tego Type	-							
	Senate President	Primary X General Other (specify) ▼										
	State: District: Full Name (Last, First, Middle Initial)											
	Citizens For Hottinger					Date		burse			_	Y
Ī	Mailing Address 2135 Horns Hill Rd					1 0	Wi /	0	3		ž 0 ŏ	8 '
	City Newark	State Zip Code OH 43055-9614				Amou	ınt of	Each	Disbu		nt this	
_	Purpose of Disbursement			001						. 1	000.0	Û
_	Candidate Name		ı	tego Type	•							
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ı	Full Name (Last, First, Middle Initial) Citizens For Josh Mandel					Date	of Dis	burse				
1	Mailing Address 2112 Acacia Park Dr Ap	t 504				1 ^M 0	M /	^D 0	3	Y :	ž 0 Ď :	8
	City Cleveland	State Zip Code OH 44124-3851				Amou	unt of	Each	Disbu		nt this	
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	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) Ohio State Medical Association Political A	ne and address of any politica										6
	Full Name (Last, First, Middle Initial) Citizens For Kevin Bacon Mailing Address 5325 Ponderosa Dr						of Di	sburs	A17 ement	74940	7 2 0 0 8	B ^Y
	City Columbus Purpose of Disbursement	State Zip Code OH 43231-4033		001		Amou	int of	Each	Disbu		nt this I	-
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	Citizens For McGregor Mailing Address 5524 Old Columbus Rd					1 0	M /	DC	3 /		ŽOĎ	
	City Springfield Purpose of Disbursement Candidate Name	State Zip Code OH 45502-8824	(Cat	001 tegor	y/	Amou	int of	Each	DISDU		nt this I	
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	y Information copied from such Reports and Stati for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political			
<u>/</u>	Full Name (Last, First, Middle Initial) Citizens For Sears			Transaction ID: A1749414 Date of Disbursement
	Mailing Address 6711 Monroe St Bldg 3	Ste D		M M / D 3 / Y 2 0 0 8
	City Sylvania	State Zip Code OH 43560-1993	3	Amount of Each Disbursement this Period
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	Senate President	Primary X General Other (specify)		
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	Mailing Address 2191 Oak St			10 0 3 7 2 0 0 8
	City Maria Stein	State Zip Code OH 45860-9509)	Amount of Each Disbursement this Perio
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	Full Name (Last, First, Middle Initial) Committee To Elect Blessing			Transaction ID: A1749411 Date of Disbursement
	Mailing Address 3153 McGill Ln			10 0 3 / 2008
	City Cincinnati	State Zip Code OH 45251-3111		Amount of Each Disbursement this Perio
	Purpose of Disbursement		001	500.00
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/	action Committee		
Full Name (Last, First, Middle Initial) Committee To Elect Brad Lewis Mailing Address 52 E Gay St			Transaction ID: A1749429 Date of Disbursement 10 0 3 2 0 0 8
City Columbus	State Zip Code OH 43215-3108		Amount of Each Disbursement this Perio
Purpose of Disbursement		001	500.00
Candidate Name		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: A1749434
Committee To Elect Clayton R Luckie			Date of Disbursement
Mailing Address 69 Horace St			10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Dayton	State Zip Code OH 45402-8313		Amount of Each Disbursement this Perio
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Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	ement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Committee To Elect Cliff Hite			Transaction ID: A1749409 Date of Disbursement
Mailing Address 2417 Westmoor Rd			10 M / D B / Y Y Y O O 8 Y
City Findlay	State Zip Code OH 45840-2847		Amount of Each Disbursement this Period
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	y Information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	name and address of a	any political co											
	Full Name (Last, First, Middle Initial) Friends Of Kris Jordan Mailing Address 161 Stonebend Dr						ate c		sburse				0 Ď 8	Y
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•	Full Name (Last, First, Middle Initial) Friends Of Shannon Jones Mailing Address 800 Valley View Poi						ate c		sburs		_		o ŏ 8	Υ
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	Full Name (Last, First, Middle Initial) Goodwin For Representative					1 -	ate c		on ID:	emen			· V	Y
	Mailing Address 18 Miller Ave						1 0		C	3	L	2	0 ŏ 8	
	City Archbold		Code 502-9482			_ A _ [mou	nt of	Each	Disb	urse	-	this P	
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	Mailing Address	6648 Pownerfarr	n Dr						1 0			3		000	,
	City Cincinnati			State OH	Zip Code 45248-2972				Amou	unt of	Each	Disbur			_
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	Mailing Address	Christine Holder 6706 Cable Lake							1 0	IVI /	DC	3	Ż	0 ŏ 8	3
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Ohio State Medical Association Political	Action Committee		
Full Name (Last, First, Middle Initial) Committee To Elect Joe Uecker			Transaction ID: A1749410 Date of Disbursement
Mailing Address 298 Indianview Dr			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Loveland	State Zip Code OH 45140-7528		Amount of Each Disbursement this Period
Purpose of Disbursement		001	500.00
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	sement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: A1749428
Daniels For State Representative			Date of Disbursement
Mailing Address 440 North St			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
City Greenfield	State Zip Code OH 45123-1338		Amount of Each Disbursement this Perio
Purpose of Disbursement		001	500.00
Candidate Name	-	Category/ Type	
Office Sought: House Disbur Senate President State: District:	sement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Committee To Elect Bob Hackett For Sta	te Representative		Transaction ID: A1749412 Date of Disbursement
Mailing Address 2050 Palouse Dr			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City London	State Zip Code OH 43140-9019		Amount of Each Disbursement this Perio
Purpose of Disbursement	1	001	500.00
Candidate Name	,	Category/ Type	
Office Sought: House Senate President State: District:	sement For: 2008 Primary X General Other (specify)		
State. District.			4500.00
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District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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NAME OF COMMITTEE (In Full)			
Ohio State Medical Association Political Ad	ction Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: A1750704
Citizens To Elect John Patrick Carney			Date of Disbursement
Mailing Address 357 E Torrence Rd			10 M / D 8 / Y 2 0 0 8 Y
City	State Zip Code		Amount of Each Disbursement this Period
Columbus	OH 43214-3837		
Purpose of Disbursement	ı		500.00
		001	
Candidate Name		Category/	
		Туре	
	ment For: 2008		
Senate	Primary X General		
President State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: A1751860
Friends Of Kevin Chartrand			Date of Disbursement
Mailing Address 13221 Ravenna Rd Ste 5			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 1 & 5 \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Chardon	OH 44024-9016		
Purpose of Disbursement	1		500.00
Campaign		001	
Candidate Name		Category/	
		Туре	
	ment For: 2008		
Senate	Primary X General		
President	Other (specify)		

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TOTAL This Period (last page this line number only)	•	16000.00

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